







## **Mandate Form Electronic Clearing Service/ Direct Debit**

| 10,  |   |                  |  |   |               |                 |  |
|--|---|------------------|--|---|---------------|-----------------|--|
| The Branch Manager,  |   |                  |  |   |               |                 |  |
| Bank Name  |   |                  |  |   | Date          |                 |  |
| Bank Branch Name & Address   |   |                  |  |   |               |                 |  |
| Ref: Authorization to pay IndiaFirst Life I  | nsurance premium through Electronic Clearin   | g Service (ECS)  | / Direct Debit                                   | (DD)  |               |                 |  |
| Dear Sir/Madam,  |   |                  |  |   |               |                 |  |
| I/ We undersigned authorize IndiaFirst Lipayment of my/our life insurance premiu   | ife Insurance Company Limited / their authoriz<br>ım, as per the details provided below   | zed service prov | ider to debit m                                  | y / our bank account throug                     | h ECS / Direc | t Debit towards |  |
| ECS  | Direct Debit  |                  |  |   |               |                 |  |
| Application Policy Number<br>Number (in figures)   | Amount (₹) (in words)   |                  | Amount   | Frequency (i.e. yearly/<br>half yearly/monthly) | Start<br>Date | End Date        |  |
|  |   |                  |  |   |               |                 |  |
| Name of the Account Holder (As appear  | ring in the Bank records)   |                  |  |   |               |                 |  |
| Customer Address   |   |                  |  |   |               |                 |  |
| Account No.  |   |                  |  |   |               |                 |  |
|  | Savings Current carry in case of a current carry.   | account)         | Cash Credit                                      |   |               |                 |  |
| MICR Code (Applicable in case ECS payr   |   | ]                |  |   |               |                 |  |
| (Is the 9 digit code on the cheque book is:  | sued by the bank. You are requested to attach a   | cancelled cheq   | ue for verification                              | on of the MICR Code)                            |               |                 |  |
| IFSC Code (Applicable in case Non ECS p  | payment) (If appearing on the Cheque book)  |                  |  |   |               |                 |  |
| Mobile No.   |   | Email Id         |  |   |               |                 |  |
|  |   |                  |  |   |               |                 |  |
|  |   |                  |  |   |               |                 |  |
| ■ I/We, wish to avail the ECS / Direct D   | Yes, I / we have attached a blank cancelled cheque  Certificate of the Bank Named in the Mandate  |                  |  |   |               |                 |  |
| premium in accordance with the details p   | It is certified that as per our records, the bank account particulars of the  |                  |  |   |               |                 |  |
| <ul> <li>If the transaction is delayed or not eincorrect information, I / we shall not or non credit to my policy.</li> </ul>  | mandate above are correct and the signature of the bank account holder is true.   |                  |  |   |               |                 |  |
| In addition, I/We understand and agree that the premium amount to be debited from my/ our account may vary due to taxes and other statutory levies as may be applicable from time to time. I/ We also accept that the transaction will be effected to the policy on the due date (provided it is a working day). |   |                  | Bank Stamp Signature of Authorized Bank official |   |               |                 |  |
|  | ; I/ We authorize IndiaFirst Life Insurance to rentioned bank to recover the premium payable.   |                  |  | e verified by bank branch a                     |               | ve "Signature   |  |
| providers to debit my Bank Accour  | urance Co. Ltd. and their authorize service nt directly or by ECS (Debit Clearing) for  |                  |  | fixed specimen signature nu                     |               |                 |  |
| collection of premium payments.  • I/We hereby agree to maintain adequavailing ECS/Direct Debit facility.  | ECS / DD is automated facility which debits your premium from the bank account specified by you on your premium due date, except in case of a holiday or for ECS locations under the non-rolling settlement category. |                  |  |   |               |                 |  |
| Policyholder's Signature   | Primary Account holder's Signature<br>(If Primary Account holder differs<br>from Policyholder)  | Joint Acco       | unt holder's 1 S                                 | ignature Joint Acco                             | ount holder's | 2 Signature     |  |

- Requests for payment mode change to ECS / Direct Debit has to be submitted 30 days prior to the due date or the same would be effective from the next premium due date.
- Data provided by you in the cancelled cheque and the proposal form may be used by the Company to complete the ECS Mandate in case the required information has not been filled.
- Above mentioned mode selected would be used by the company to make payout(s) to the Proposer. Payment would be in accordance and subject to the terms of the policy.
- Further, the Company reserves the right to use any alternative payout option including demand draft/payable at par cheque in spite of opting for Direct Credit option.
- Request for deactivation of ECS / DD mandate should be submitted 25 days prior to the due date or same would be effective from the next premium due date.

Toll 1800 209 8700

Communication Address:

IndiaFirst Life Insurance Company Limited, 301, 'B' Wing, The Qube, Infinity Park, Dindoshi, Film City Road, Malad (East), Mumbai -400 097